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CONFIRMATION NO. 4720

<b>SERIAL NUMBER</b> 10/731,256	<b>FILING OR 371(c) DATE</b> 12/09/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> KCX-859 (19100)	
<b>APPLICANTS</b> John Gavin MacDonald, Decatur, GA; Jason Lye, Atlanta, GA; <span style="margin-left: 200px;">NWS</span>					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/325,474 12/20/2002 <span style="margin-left: 200px;">NWS</span>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/19/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <span style="margin-left: 50px;">Allowance</span> Verified and <span style="margin-left: 100px;">NWS</span> Acknowledged <span style="margin-left: 100px;">Examiner's Signature</span> <span style="margin-left: 50px;">Initials</span>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 22827					
<b>TITLE</b> Triggerable delivery system for pharmaceutical and nutritional compounds and methods of utilizing same					
<b>FILING FEE RECEIVED</b> 1418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		